

Health Center Name

Sliding Fee Scale
Based on 2011 Federal Poverty Guidelines

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)										
Poverty Level*	0 - 100%		101 - 125%		126 - 150%		151 - 175%		176 - 200%	
Percent Discount	100%		75%		50%		25%		0%	
Family Size										
1	\$0	\$10,890	\$10,891	\$13,613	\$13,614	\$16,335	\$16,336	\$19,058	\$19,059	\$21,780
2	\$0	\$14,710	\$14,711	\$18,388	\$18,389	\$22,065	\$22,066	\$25,743	\$25,744	\$29,420
3	\$0	\$18,530	\$18,531	\$23,163	\$23,164	\$27,795	\$27,796	\$32,428	\$32,429	\$37,060
4	\$0	\$22,350	\$22,351	\$27,938	\$27,939	\$33,525	\$33,526	\$39,113	\$39,114	\$44,700
5	\$0	\$26,170	\$26,171	\$32,713	\$32,714	\$39,255	\$39,256	\$45,798	\$45,799	\$52,340
6	\$0	\$29,990	\$29,991	\$37,488	\$37,489	\$44,985	\$44,986	\$52,483	\$52,484	\$59,980
7	\$0	\$33,810	\$33,811	\$42,263	\$42,264	\$50,715	\$50,716	\$59,168	\$59,169	\$67,620
8	\$0	\$37,630	\$37,631	\$47,038	\$47,039	\$56,445	\$56,446	\$65,853	\$65,854	\$75,260
For each additional person, add	\$3,820		\$4,775		\$5,730		\$6,685		\$7,640	

*Based on 2011 HHS Poverty Level Guidelines (<http://aspe.hhs.gov/poverty/11poverty.shtml>)